



OFFICE OF THE SECRETARY OF THE STATE
30 TRINITY STREET
P.O. BOX 150470
HARTFORD, CT 06115-0470

NAME CHANGE OF REGISTERED MARK OWNER

Filing Fee: \$25.00

1. Current Name of Record Owner:

2. State of Formation of the Owner *if other than a natural person*:

3. Connecticut Registration Number: _____

4. The name of the mark's owner been changed to:

EXECUTION:

I hereby declare under the penalties of false statement that the statements made in
the foregoing application is true.

5. _____
Date

6. _____
Name of Signatory

7. _____
Title of Signatory *if applicable*

8. _____
Signature

9. **The owner must submit three specimens or photographs of the mark as actually used in this state.**